

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to forms

The Human Services Department hereby amends Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Chapter 80, “Procedure and Method of Payment,” and Chapter 81, “Nursing Facilities,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

These amendments provide updated form names, numbers, and terminology and remove references to form names and numbers that are no longer in use.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on August 14, 2019, as **ARC 4600C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on October 9, 2019.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on December 11, 2019.

The following rule-making actions are adopted:

ITEM 1. Amend subparagraph **79.3(2)“d”(33)** as follows:

(33) Case management services, including HCBS case management services:

~~1. Form 470-3956, MR/CMI/DD Case Management Service Authorization Request, for services authorized before May 1, 2007.~~

~~2. 1.~~ Notice of decision for service authorization.

~~3. 2.~~ Service notes or narratives.

~~4. 3.~~ Social history.

~~5. 4.~~ Comprehensive service plan.

~~6. 5.~~ Reassessment of member needs.

~~7. 6.~~ Incident reports in accordance with 441—subrule 24.4(5).

~~8. 7.~~ Other service documentation as applicable.

ITEM 2. Amend subparagraph **79.3(2)“d”(38)** as follows:

(38) Hearing aid dealer and audiologist services:

1. Physician examinations and audiological testing (Form 470-0361, Sections A, B, and C).

~~2. Documentation of hearing aid evaluation and selection (Form 470-0828).~~

~~3. 2.~~ Waiver of informed consent.

~~4. 3.~~ Prior authorization documentation.

~~5. 4.~~ Service or office notes or narratives.

ITEM 3. Amend subparagraphs **79.8(1)“c”(1)** and **(2)** as follows:

(1) Use Form ~~470-3970~~ 470-0829, Prior Authorization Attachment Control, as the cover sheet for the paper attachments or supporting clinical documentation; and

(2) Reference on Form ~~470-3970~~ 470-0829 the attachment control number submitted on the ASC X12N 278 electronic transaction.

ITEM 4. Amend paragraph **80.2(2)“b”** as follows:

~~b. All other nursing facilities and intermediate care facilities for the mentally retarded persons with an intellectual disability shall file claims on Form 470-0039, Iowa Medicaid Long-Term Care Claim using an electronic version of Form UB-04 CMS-1450.~~

ITEM 5. Amend subparagraph **81.6(16)“g”(9)** as follows:

(9) Source of measurements. Source reports are due to the department by May 1 of each year. For those measures whose source is self-certification, the data shall be drawn from ~~Form 470-4828, Nursing Facility Medicaid Pay-for-Performance Self-Certification Report~~, a report submitted by the facility to IME. The independent party that collects and compiles the results of the resident/family survey shall communicate the results to IME on Form 470-3891, Nursing Facility Opinion Survey Transmittal. The department shall request required source reports from the long-term care ombudsman and the department of inspections and appeals (DIA).

[Filed 10/17/19, effective 12/11/19]

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 11/6/19.